

Name: \_\_\_\_\_ Date: \_\_\_\_\_ #: \_\_\_\_\_

# DAILY 5 CHECKLIST

Week of: \_\_\_\_\_

	M	T	W	TH	F
READ TO SELF					
READ TO SOMEONE					
LISTEN TO READING					
WRITING					
WORD WORK					

Name: \_\_\_\_\_ Date: \_\_\_\_\_ #: \_\_\_\_\_

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enjoy!

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**CREDITS:**

